



**Compensation and Pension Record
Interchange (CAPRI)**

**Parkinson's Disease
Disability Benefits Questionnaire (DBQ)
Workflow**

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Management & Financial Systems

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1 Introduction

1.1 Purpose

This document provides a high level overview of the contents found on the PARKINSON'S DISEASE Disability Benefits Questionnaire (DBQ). The DBQ can be populated via an online template within the CAPRI C&P Worksheets tab and then printed OR it can be printed via AMIE (AUTOMATED MEDICAL INFORMATION EXCHANGE) and then manually populated. This document contains the edit rules for the template as well as examples of how the template will look online in CAPRI or printed from CAPRI. It also contains the layout for the AMIE worksheet to depict how it will look when printed from AMIE.

For more detailed information on standard template functionality not covered in this document, please refer to the **C&P Worksheet Tab Functionalities** section of the [CAPRI GUI User Guide](#).

1.2 Overview

The PARKINSON'S DISEASE DBQ provides the ability to capture information related to Parkinson's disease and its treatment.

Each DBQ template contains a standard footer containing a note stating that the "VA may request additional medical information, including additional examinations if necessary to complete VA's review of Veteran's application". (see Figure 1 and 2).

Figure 1: Template Example: DBQ – Standard VA Note

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

Figure 2: Print Example: DBQ – Standard VA Note

NOTE: VA may request additional medical information, including additional examinations if necessary to complete VA's review of the Veteran's application.

A number of fields on the PARKINSON'S DISEASE template are mandatory and require a response (value) prior to the exam being marked as completed. Some questions may activate a Pop-up window displaying information as to each question that needs to be answered before the template can be completed.

2 Parkinson's Disease DBQ – History Tab

2.1 Name of patient/Veteran

All questions in this section must be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window displaying the error message depicted below.

Table 1: Rules: DBQ – Parkinson's Disease – Name of patient/Veteran

Field/Question	Field Disposition	Valid Values	Format	Error Message
Disability Benefits Questionnaire	Disabled, Read-Only	N/A	N/A	N/A
Parkinson's Disease	Disabled, Read-Only	N/A	N/A	N/A
Name of patient/Veteran	Enabled, Mandatory	N/A	Free Text	Please enter the name of the patient/Veteran.
Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.	Disabled, Read-Only	N/A	N/A	N/A

Figure 3: Template Example: DBQ – Parkinson's Disease – Name of patient/Veteran

**Disability Benefits Questionnaire
Parkinson's Disease**

Name of patient/Veteran:

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

Figure 4: Print Example: DBQ – Parkinson's Disease – Name of patient/Veteran

**Disability Benefits Questionnaire
Parkinson's Disease**

Name of patient/Veteran: Patient, Test 1

Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

2.2 Section 1. Diagnosis

The question “Does the patient/Veteran now have or has he/she ever been diagnosed with Parkinson's disease?” must be answered before the template can be completed.

- If it is answered with Yes, all other questions requiring an answer as described by the rules in this document must be answered before the template can be completed.
- If it is answered with No, the template may be completed without answering any additional

questions or the user may input answers to any of the optional questions as indicated by the rules described in this document.

Note: Some questions will activate secondary question(s) when answered. If a secondary question is answered and the primary question that triggered the secondary question is unanswered or if answered in a way where this information is no longer required, the previously entered data will be removed and the question may become disabled if it is no longer relevant.

All questions will be printed even if they have not been answered.

If all mandatory questions are not answered, the error message(s) will appear in a popup window as depicted below and must be answered before this template can be completed.

Table 2: Rules: DBQ – Parkinson’s Disease – 1. Diagnosis

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>1. Diagnosis</u>	Disabled, Read-Only	N/A	N/A	N/A
Does the Veteran now have or has he/she ever been diagnosed with Parkinson's disease?	Enabled, Mandatory, Choose one valid value	[Yes; No]	N/A	Please answer the question: Does the Veteran now have or has he/she ever been diagnosed with Parkinson's disease?
ICD code:	If <i>Diagnosis = Yes</i> ; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the ICD code.
Date of diagnosis	If <i>Diagnosis = Yes</i> ; Enabled, Mandatory Else; Enabled, Optional	N/A	Free Text	Please enter the date of diagnosis.

Figure 5: Template Example: DBQ – Parkinson’s Disease – 1. Diagnosis

1. Diagnosis
 Does the Veteran now have or has he/she ever been diagnosed with Parkinson's disease?
 Yes No
 ICD Code:
 Date of diagnosis:

Figure 6: Print Example: DBQ – Parkinson’s Disease – 1. Diagnosis

```

1. Diagnosis
-----
Does the Veteran now have or has he/she ever been diagnosed of Parkinson's
Disease? [X] Yes [ ] No
ICD Code: ICD Code goes here
Date of diagnosis Date goes here
  
```

2.3 Section 2. Dominant Hand

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window displaying the error message depicted below.

Table 3: Rules: DBQ – Parkinson’s Disease – 2. Dominant hand

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>2. Dominant Hand</u>	If <i>Diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Right; Left; Ambidextrous]	N/A	Please indicate which hand is the dominant hand.

Figure 7: Template Example: DBQ – Parkinson’s Disease – 2. Dominant hand

2. Dominant hand
 Right Left Ambidextrous

Figure 8: Print Example: DBQ – Parkinson’s Disease – 2. Dominant hand

2. Dominant hand

 Right Left Ambidextrous

2.4 Section 3. Motor manifestations due to Parkinson’s or its treatment

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window displaying the error message depicted below.

Table 4: Rules: DBQ – Parkinson’s Disease – 3. Motor manifestations due to Parkinson’s or its treatment

Field/Question	Field Disposition	Valid Values	Form at	Error Message
<u>3. Motor manifestations due to Parkinson’s or its treatment (check all that apply)</u>	Disabled, Read-Only	N/A	N/A	N/A
Stooped posture	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has stooped posture due to Parkinson's disease or its treatment.
Balance impairment	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has balance impairment due to Parkinson's disease or its treatment.
Bradykinesia or slowed motion (difficulty initiating movement, “freezing,” short shuffling steps)	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has bradykinesia or slowed motion due to Parkinson's disease or its treatment.

Field/Question	Field Disposition	Valid Values	Form at	Error Message
Loss of automatic movements (such as blinking, leading to fixed gaze; typical Parkinson's facies)	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has loss of automatic movements due to Parkinson's disease or its treatment.
Speech changes (monotone, slurring words, soft or rapid speech)	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has speech changes due to Parkinson's disease or its treatment.
Tremor (characteristic hand shaking, "pill-rolling")	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please indicate whether the Veteran has tremor due to Parkinson's disease or its treatment.
Extremities affected: Right Upper	If <i>Tremor = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has right upper extremity tremor due to Parkinson's disease or its treatment.
Extremities affected: Left Upper	If <i>Tremor = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has left upper extremity tremor due to Parkinson's disease or its treatment.
Extremities affected: Right Lower	If <i>Tremor = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has right lower extremity tremor due to Parkinson's disease or its treatment.
Extremities affected: Left Lower	If <i>Tremor = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has left lower extremity tremor due to Parkinson's disease or its treatment.
Muscle rigidity and stiffness	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please indicate whether the Veteran has muscle rigidity and stiffness due to Parkinson's disease or its treatment.
Extremities affected: Right Upper	If <i>Muscle rigidity and stiffness = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has right upper extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment.

Field/Question	Field Disposition	Valid Values	Form at	Error Message
Extremities affected: Left Upper	If <i>Muscle rigidity and stiffness</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has left upper extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment.
Extremities affected: Right Lower	If <i>Muscle rigidity and stiffness</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has right lower extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment.
Extremities affected: Left Lower	If <i>Muscle rigidity and stiffness</i> = Yes; Enabled, Mandatory, Choose one valid value Else; Disabled	[Not affected; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has left lower extremity muscle rigidity and stiffness due to Parkinson's disease or its treatment.

Figure 9: Template Example:DBQ – Parkinson’s Disease – 3. Motor manifestations due to Parkinson’s or its treatment

3. Motor manifestations due to Parkinson's or its treatment (check all that apply)

Stooped posture
 None Mild Moderate Severe

Balance impairment
 None Mild Moderate Severe

Bradykinesia or slowed motion (difficulty initiating movement, "freezing," short shuffling steps)
 None Mild Moderate Severe

Loss of automatic movements (such as blinking, leading to fixed gaze; typical Parkinson's facies)
 None Mild Moderate Severe

Speech changes (monotone, slurring words, soft or rapid speech)
 None Mild Moderate Severe

Tremor (characteristic hand shaking, "pill-rolling")
 Yes No

Extremities affected:

Right upper
 Not affected Mild Moderate Severe

Left upper
 Not affected Mild Moderate Severe

Right lower
 Not affected Mild Moderate Severe

Left lower
 Not affected Mild Moderate Severe

Muscle rigidity and stiffness
 Yes No

Extremities affected:

Right upper
 Not affected Mild Moderate Severe

Left upper
 Not affected Mild Moderate Severe

Right lower
 Not affected Mild Moderate Severe

Left lower
 Not affected Mild Moderate Severe

Figure 10: Print Example: DBQ – Parkinson’s Disease – 3. Motor manifestations due to Parkinson’s or its treatment

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3. Motor manifestations due to Parkinson's or its treatment (check all that
apply)
-----
Stooped posture
  [ ] None [X] Mild [ ] Moderate [ ] Severe
Balance impairment
  [ ] None [ ] Mild [X] Moderate [ ] Severe
Bradykinesia or slowed motion
(difficulty initiating movement, "freezing", short shuffling steps)
  [ ] None [ ] Mild [ ] Moderate [X] Severe
Loss of automatic movements
(such as blinking, leading to fixed gaze; typical Parkinson's facies)
  [ ] None [ ] Mild [X] Moderate [ ] Severe
Speech changes (monotone, slurring words, soft or rapid speech)
  [X] None [ ] Mild [ ] Moderate [ ] Severe

Tremor (characteristic hand shaking, "pill-rolling") [X] Yes [ ] No
Extremities affected:
[X] Right upper
  [ ] Not affected [X] Mild [ ] Moderate [ ] Severe
[X] Left upper
  [ ] Not affected [ ] Mild [X] Moderate [ ] Severe
[X] Right lower
  [ ] Not affected [X] Mild [ ] Moderate [ ] Severe
[X] Left lower
  [ ] Not affected [ ] Mild [ ] Moderate [X] Severe

Muscle rigidity and stiffness [X] Yes [ ] No
Extremities affected:
[X] Right upper
  [ ] Not affected [X] Mild [ ] Moderate [ ] Severe
[X] Left upper
  [X] Not affected [ ] Mild [ ] Moderate [ ] Severe
[X] Right lower
  [ ] Not affected [X] Mild [ ] Moderate [ ] Severe
[X] Left lower
  [X] Not affected [ ] Mild [ ] Moderate [ ] Severe

```

2.5 Section 4. Mental manifestations due to Parkinson’s or its treatment

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window displaying the error message depicted below.

Table 5: Rules: DBQ – Parkinson’s Disease – 4. Mental manifestations due to Parkinson’s or its treatment

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>4. Mental manifestations due to Parkinson’s or its treatment</u>	Disabled, Read-Only	N/A	N/A	N/A
Depression	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has depression due to Parkinson's disease or its treatment.
Cognitive impairment or dementia	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has cognitive impairment or dementia due to Parkinson's disease or its treatment.

Figure 11: Template Example: DBQ – Parkinson’s Disease – 4. Mental manifestations due to Parkinson’s or its treatment

3. Mental manifestations due to Parkinson's or its treatment:
 Depression
 None Mild Moderate Severe
 Cognitive impairment or dementia
 None Mild Moderate Severe

Figure 12: Print Example:DBQ – Parkinson’s Disease – 4. Mental manifestations due to Parkinson’s or its treatment

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4. Mental manifestations due to Parkinson's or its treatment
-----
  Depression
    [ ] None [X] Mild [ ] Moderate [ ] Severe
  Cognitive impairment or dementia
    [X] None [ ] Mild [ ] Moderate [ ] Severe
  
```

2.6 Section 5. Additional manifestations/complications due to Parkinson’s or its treatment

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window displaying the error message depicted below.

Table 6: Rules: DBQ – Parkinson’s Disease – 5. Additional manifestations/complications due to Parkinson’s or its treatment

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>5. Additional mental manifestations/complications due to Parkinson’s or its treatment</u>	Disabled, Read-Only	N/A	N/A	N/A
Loss of sense of smell	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Partial; Complete]	N/A	Please indicate whether the Veteran has loss of sense of smell due to Parkinson's disease or its treatment.
Sleep disturbance(insomnia or daytime “sleep attacks”)	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has sleep disturbance due to Parkinson's disease or its treatment.
Difficulty chewing/swallowing	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has difficulty chewing/swallowing due to Parkinson's disease or its treatment.
Urinary problems	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one or more valid values Else; Enabled, Optional	[None] or [Incontinence; Urinary retention];	N/A	Please indicate whether the Veteran has urinary problems due to Parkinson's disease or its treatment.
Absorbent material required, specify pads/day:	If <i>Urinary problems = Incontinence</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[0; 1; 2-4; >4;	N/A	Please specify the number of pads needed per day for incontinence.
Use of an appliance required?	If <i>Urinary problems = Incontinence or Urinary retention</i> ; Enabled, Mandatory, Choose one valid value Else; Disabled	[Yes; No]	N/A	Please indicate whether or not use of an appliance is required for incontinence or urinary retention.
Constipation (due to slowing of GI tract or secondary to Parkinson’s medications)	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[None; Mild; Moderate; Severe]	N/A	Please indicate whether the Veteran has constipation due to Parkinson's disease or its treatment.
Sexual dysfunction	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value	[None; Mild; Moderate; Severe	N/A	Please indicate whether the Veteran has sexual dysfunction due to Parkinson's

	Else; Enabled, Optional	(precludes intercourse); Erectile dysfunction precludes intercourse]		disease or its treatment.
Other manifestations/complications	Enabled, Optional	N/A	Free Text	N/A

Figure 13: Template Example: DBQ – Parkinson’s Disease – 5. Additional manifestations/complications due to Parkinson’s or its treatment

5. Additional manifestations/complications due to Parkinson’s or its treatment

Loss of sense of smell
 None Partial Complete

Sleep disturbance (insomnia or daytime "sleep attacks")
 None Mild Moderate Severe

Difficulty chewing/swallowing
 None Mild Moderate Severe

Urinary problems None Incontinence Urinary retention

Absorbent material required, specify pads/day:
 0 1 2-4 >4

Use of an appliance required?
 Yes No

Constipation (due to slowing of GI tract or secondary to Parkinson's medications)
 None Mild Moderate Severe

Sexual dysfunction
 None Mild Moderate Severe (precludes intercourse) Erectile dysfunction precludes intercourse

Other manifestations/complications:

Figure 14: Print Example: DBQ – Parkinson’s Disease – 5. Additional manifestations/complications due to Parkinson’s or its treatment

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5. Additional manifestations/complications due to Parkinson's or its treatment
-----
Loss of sense of smell
  [ ] None [ ] Partial [X] Complete
Sleep disturbance (insomnia or daytime "sleep attacks")
  [ ] None [X] Mild [ ] Moderate [ ] Severe
Difficulty chewing/swallowing
  [ ] None [ ] Mild [X] Moderate [ ] Severe
Urinary problems
  [ ] None [X] Incontinence [X] Urinary retention
Absorbent material required, specify pads/day:
  [ ] 0 [ ] 1 [ ] 2-4 [X] >4
Use of an appliance required?
  [X] Yes [ ] No
Constipation
(due to slowing of GI tract or secondary to Parkinson's medications)
  [ ] None [X] Mild [ ] Moderate [ ] Severe
Sexual dysfunction
  [ ] None [ ] Mild [X] Moderate [ ] Severe (precludes intercourse)
  [ ] Erectile dysfunction precludes intercourse

Other manifestations/complications: Other manifestations/complications will
go here

```


2.7 Section 6. Financial responsibility

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window displaying the error message depicted below.

Table 7: Rules: DBQ – Parkinson’s Disease – 6. Financial responsibility

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>6. Financial Responsibility</u>	Disabled, Read only	N/A	N/A	N/A
In your judgment, is the Veteran able to manage his/her benefit payments in his/her own best interest, or able to direct someone else to do so?	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one valid value Else; Enabled, Optional	[Yes; No]	N/A	Please answer the question in section 6. Financial responsibility.

Figure 15: Template Example: DBQ – Parkinson’s Disease – 6. Financial responsibility

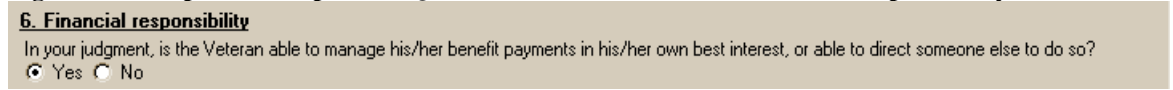
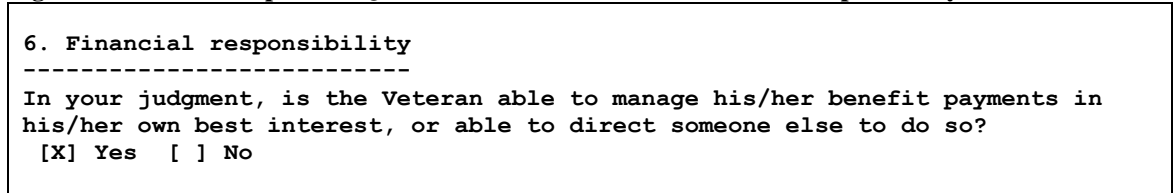


Figure 16: Print Example: DBQ – Parkinson’s Disease – 6. Financial responsibility



2.8 Section 7. Functional impact

All questions in this section may be answered as described by the rules below. If all mandatory questions are not answered, the error message(s) will appear in a popup window displaying the error message depicted below.

Table 8: Rules: DBQ – Parkinson’s Disease – 7. Functional impact

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>7. Functional Impact</u>	Disabled, Read only	N/A	N/A	N/A
Does the Veteran’s Parkinson’s disease impact his or her ability to work?	If <i>diagnosis = Yes</i> ; Enabled, Mandatory, Choose one value Else; Enabled, Optional	[Yes; No]	N/A	Please provide an answer to the question: Does the Veteran's Parkinson's disease impact his or her ability to work?
If yes, describe impact, providing one or more examples:	If preceding question = <i>Yes</i> ; Enabled, Mandatory Else; Disabled	N/A	Free Text	Please describe the impact of Parkinson's disease on the Veteran's ability to work, providing one or more examples.

Figure 17: Template Example: DBQ – Parkinson’s Disease – 7. Functional impact

Figure 18: Print Example: DBQ – Parkinson’s Disease – 7. Functional impact

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7. Functional impact
-----
Does the Veteran's Parkinson's disease impact his or her ability to work?
[X] Yes [ ] No
If yes, describe impact, providing one or more examples: Examples will be
stated here
    
```

2.9 Section 8. Remarks

All questions in this section may be answered as depicted by the rules below.

Table 9: Rules: DBQ – Parkinson’s Disease – 8. Remarks

Field/Question	Field Disposition	Valid Values	Format	Error Message
<u>8. Remarks, if any</u>	Disabled, Read only	N/A	N/A	N/A
Remarks	Enabled, Optional	N/A	Free Text	N/A

Figure 19: Template Example: DBQ – Parkinson’s Disease – 8. Remarks

8. Remarks, if any	Remarks will be entered here
---------------------------	------------------------------

Figure 20: Print Example: DBQ – Parkinson’s Disease – 6. Remarks

<p>8. Remarks, if any ----- Remarks will be entered here</p>

3 Parkinson's Disease AMIE Worksheet

The AMIE worksheets are accessed via the [DVBA C PRINT BLANK C&P WORKSHE] Print Blank C&P Worksheet DBQ PARKINSONS menu option.

Disability Benefits Questionnaire
Parkinson's Disease

Name of patient/Veteran: _____ SSN: _____

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with Parkinson's disease? Yes No

ICD code: _____

Date of diagnosis: _____

2. Dominant hand

Right Left Ambidextrous

3. Motor manifestations due to Parkinson's or its treatment
(check all that apply)

Stooped posture
 None Mild Moderate Severe

Balance impairment
 None Mild Moderate Severe

Bradykinesia or slowed motion (difficulty initiating movement, "freezing",
short shuffling steps)
 None Mild Moderate Severe

Loss of automatic movements (such as blinking, leading to fixed gaze;
typical Parkinson's facies)
 None Mild Moderate Severe

Speech changes (monotone, slurring words, soft or rapid speech)
 None Mild Moderate Severe

Disability Benefits Questionnaire for
Parkinson's Disease

Tremor (characteristic hand shaking, "pill-rolling")

Yes No

Extremities affected:

Right upper
 Not affected Mild Moderate Severe

Left upper
 Not affected Mild Moderate Severe

Right lower
 Not affected Mild Moderate Severe

Left lower
 Not affected Mild Moderate Severe

Muscle rigidity and stiffness

Yes No

Extremities affected:

Right upper
 Not affected Mild Moderate Severe

Left upper
 Not affected Mild Moderate Severe

Right lower
 Not affected Mild Moderate Severe

Left lower
 Not affected Mild Moderate Severe

4. Mental manifestations due to Parkinson's or its treatment

Depression

None Mild Moderate Severe

Cognitive impairment or dementia

None Mild Moderate Severe

Disability Benefits Questionnaire for
Parkinson's Disease

5. Additional manifestations/complications due to Parkinson's or its
treatment

Loss of sense of smell

None Partial Complete

Sleep disturbance (insomnia or daytime "sleep attacks")

None Mild Moderate Severe

Difficulty chewing/swallowing

None Mild Moderate Severe

Urinary problems None Incontinence Urinary retention

Absorbent material required, specify pads/day:

0 1 2-4 > 4

Use of an appliance required?

Yes No

Constipation (due to slowing of GI tract or secondary to Parkinson's
medications)

None Mild Moderate Severe

Sexual dysfunction

None Mild Moderate Severe (precludes intercourse)

Erectile dysfunction precludes intercourse

Other manifestations/complications: _____

6. Financial responsibility

In your judgment, is the Veteran able to manage his/her benefit payments
in his/her own best interest, or able to direct someone else to
do so? Yes No

Disability Benefits Questionnaire for
Parkinson's Disease

7. Functional impact

Does the Veteran's Parkinson's disease impact his or her ability to
work?

___Yes ___No

If yes, describe impact, providing one or more examples:

8. Remarks, if any _____

Physician signature: _____ Date: _____

Physician printed name: _____ Phone: _____

Medical license #: _____

Physician address: _____

NOTE: VA may request additional medical information, including additional
examinations if necessary to complete VA's review of the Veteran's application.